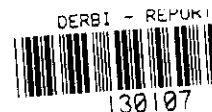


## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Provide all known, required information. If required data field information is unknown, designate


*Part 2*  
*-011*  
*if 3*

Row 1	Reporter Name <b>[REDACTED]</b>	Submission date.	Contact person (if different than reporter)	Internal ID <b>1-9487590</b>
Administrative Data	Address <b>Houston Texas</b>		Address	
	Phone # <b>[REDACTED]</b>		Phone #	
	Incident Status: <b>New</b>	Location and date of incident <b>Houston Texas 7/7/2003</b>	Date registrant became aware of incident. <b>7/28/2003</b>	Was incident part of larger study? <b>No</b>
Row 2	EPA Registration # (Product 1) <b>62719-4</b>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) <b>Sulfuryl Fluoride</b>	A.I. (s)	A.I. (s)	
	Product 1 name <b>Vikane</b>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <b>Yes</b>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <b>Workplace</b>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/maintenance of application equipment, manufacturing/ formulating). <b>Work on application equipment</b>	
Incident Circumstances	Applicator certified PCO? <b>Yes</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <b>See Incident Description</b>			

DERBI: 130107  
 Report: Yes ☒  
 If no, why  
 Date: **8-6-03**  
 SC **HC**  
 No

35

\*Privacy information\*

Brief description of incident circumstances.

7/28/2003 1:29:26 PM epa reg 62719-4

*HX: PCO/ company owner calling, in PCO business 30 years, rarely applies any chemicals but approx 2-3 weeks was fumigating building with product when hose busted to face shield and he got a face full of it, got fresh air STAT, no dizziness or other sxs. Recently asked to go Bagdad for military to work there and had to have military physical. All labs normal (ALT/ AST, creat/BUN, Na/Chloride/albumin, billirubin, etc) except GGT is 300x higher than normal, feels asx. Took blood to repeat 5 days later (today). Denies drinking alcohol/ hx of drinking, etc. Denies meds. Wants to know if sxs r/t product exposure and/or if product can cause liver toxicity/ failure.*

*A: Will research and get back to caller. Rec board-certified med tox consult prn. Glad lab being repeated. Gave case# to cb/have MD cb prn. Notified CL JG of case.*

7/28/2003 1:53:16 PM DN called caller back/consulted with JG:

*Product is not hepatotoxic. Rec consider other causes. Noted if caller has Mediterranean heritage that sometimes GGT alone is elevated as a baseline.*

*Caller notes he has adoptive parents/ grandparents on both sides and does not know this, but does have children and half-siblings biologically, none of them as well as caller have never had GGT tested as far as they know. Will consider other causes.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: <b>49</b> Sex: <b>Male</b> Occupation (if relevant)	Exposure route: <b>Inhalation Dermal</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)?  <b>Unknown</b>
If female, pregnant? <b>DNQ</b>	Was exposure occupational? <b>Yes</b> If yes, days lost due to illness: <b>0</b>	Time between exposure and onset of symptoms: <b>See Symptoms</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>HCF</b>	List signs/symptoms/adverse effects  <b>increase GGT Unable to determine</b>		If lab tests were performed, list test names and results (If available, submit reports)  <b>None Reported</b>
Exposure data: Amount of pesticide: Exposure duration: Weight: <b>UNK</b>			
Human severity category: <b>HC</b>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

*The type of exposure reported would not be expected to produce isolated elevations in the liver enzyme, GGT. Sulfuryl fluoride is not uniquely hepatotoxic.*

Internal ID #  
**1-9487590**

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects In

Provide all known, required information. If required data field information is unknown



Part of 012

Page# 1 of 3

Row 1	Reporter Name	Submission date.	C	Internal ID 1-9709673
Administrative Data	Address  <i>Santa Barbara California</i>		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status:  <i>New</i>	Location and date of incident <i>Santa Barbara California</i> <i>8/8/2003</i>	Date registrant became aware of incident. <i>8/11/2003</i>	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	<i>62719-4</i>			
	A.I. (s)	A.I. (s)	A.I. (s)	
	<i>Sulfuryl Fluoride</i>			
	Product 1 name	Product 2 Name	Product 3 Name	
	<i>Vikane</i>			
	Exposed to concentrate prior to dilution? <i>Unknown</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).  <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).  <i>See Description Notes</i>	
	Intentional misuse? <i>No</i>			
	Applicator certified PCO? <i>Not applicable</i>			
Incident Circumstances	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <i>See Incident Description</i>			

DERBI: 130449  
Report: Yes ☒  
If no, why:   
Date: *4-24-03*  
S: *HC*  
N: *HC*

Brief description of incident circumstances.

*8/11/2003 8:05:59 PM Product Container Not Available*

*Hx: Caller states that she and her husband had the product applied to their home about 2 weeks ago. Caller states that her husband forgot to remove some cookies during the exposure. Her husband started eating the exposed cookies approximately 3-4 days ago. Within the last 2 days, the pt has developed sxs or coughing, nausea, and anorexia. Caller is wondering if the sxs are related to the product, and if she may test the product to determine if the cookies were exposed to the product in significant amounts. Caller would like IPC to cb with further information.*

*Ax: Will consult RK regarding these concerns.*

*8/11/2003 8:47:45 PM Consulted RK. The described sxs would not be expected after the described exposure. The product does not adhere to the food in a substantial amount. The amount of product would not be detectable on the potentially exposed cookies. Rec that the pt be evaluated by a physician due to the severity and persistent nature of the sxs.*

*Ax: Left rec on original caller's cell phone #. No answer to cb attempt. Cb prn. Gave case #.*

*8/18/2003 4:21:32 PM Attempted to do a call back. The wife stated that her husband had the sxs still. She had questions about the product. Transferred to tox.*

*8/18/2003 4:41:26 PM Hx: Speaking with [REDACTED] after IPC attempted cb. She states that her husband's sxs of SOB and coughing persist at this time. Fever of 101. She also reports that her husband's cheeks swelled up on 8/12/03. The pt has been evaluated by a cardiac specialist and a pulmonary specialist. Caller states that neither specialist was able to dx the pt with any specific disease or condition.*

*Ax: It is unknown why the described sxs have occurred, or even worsened since the product was first applied. Again, the described exposure is not known to cause the described sxs. Rec r/o all other potential causes. Cb prn.*

*Emailed lead tox.*

*8/18/2003 4:42:42 PM*

\*Privacy information\*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 79 Sex: <i>Male</i> Occupation (if relevant)	Exposure route: <i>Ingestion</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>DNQ</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects  <i>Anorexia - 3 days or less , Cough/choke - 3 days or less , Nausea - 3 days or less</i>		If lab tests were performed, list test names and results (If available, submit reports)  <i>None Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight: <i>UNK</i>			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

*The reported signs and symptoms are not suggestive of excessive exposure to either vikane or chloropicrin. Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Given report of fever, patient's illness is likely infectious in origin.*

Internal ID #  
*1-9709573*